

**STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
MARRIAGE LICENSE WORKSHEET**

	PH#	SS#				
GROOM	Groom's Name		(First)	(Middle)	(Last)	(Age)
	1. _____		2. _____			
	Birthplace (State or Foreign Country)		Date of Birth (Mo., Day, Yr.)		Residence (No. and St.)	
	3. _____		4. _____		5. _____	
	County		State		Supervision or (X one) Control of	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
	7. _____		8. _____		9. Guardian or Conservator	
	Father's Name		Birthplace (State or Foreign Country)			
	10. _____		11. _____			
	Mother's Maiden Name		Birthplace (State or Foreign Country)			
12. _____		13. _____				
Race	No. of this Marriage	If previously married, Last Marriage ended by		Education (Month and yrs. Completed)		
14. _____	15. _____	16. <input type="checkbox"/>	17. <input type="checkbox"/>	<input type="checkbox"/>	Elementary High School College	
		Death Divorce Annulment		18. (1-8)	19. (1-4) 20. (1-5+)	

	PH#	SS#				
BRIDE	Bride's Name		(First)	(Middle)	(Last)	(Age)
	1. _____		2. _____			
	Birthplace (State or Foreign Country)		Date of Birth (Mo., Day, Yr.)		Residence (No. and St.)	
	3. _____		4. _____		5. _____	
	County		State		Supervision or (X one) Control of	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
	7. _____		8. _____		9. Guardian or Conservator	
	Father's Name		Birthplace (State or Foreign Country)			
	10. _____		11. _____			
	Mother's Maiden Name		Birthplace (State or Foreign Country)			
12. _____		13. _____				
Race	No. of this Marriage	If previously married, Last Marriage ended by		Education (Month and yrs. Completed)		
14. _____	15. _____	16. <input type="checkbox"/>	17. <input type="checkbox"/>	<input type="checkbox"/>	Elementary High School College	
		Death Divorce Annulment		18. (1-8)	19. (1-4) 20. (1-5+)	

ARE YOU GETTING MARRIED IN SALEM OR ANOTHER TOWN _____.

BY WHOM _____ PH# _____